

decisions or actions recommended or required by the school in connection with this student. I also hereby accept responsibility to act as "parent" with regard to parental involvement in special education decisions if (a) the student's biological or adoptive parent or legal guardian is unwilling or unable to do so or (b) the authority of such parent to make "educational decisions" has been legally terminated.

9. Check one:

Affidavit of Parent, Guardian or Legal Custodian is attached.

OR

The student's parent or guardian is unable, refuses or is otherwise unavailable to sign an affidavit attesting to the facts stated herein.

10. WARNING OF PENALTY

I UNDERSTAND THAT IF IT IS FOUND THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THE BOARD OF EDUCATION MAY REMOVE THE STUDENT FROM SCHOOL, UNLESS THE STUDENT IS OTHERWISE ELIGIBLE FOR SCHOOL ATTENDANCE UNDER OTHER LAWS OR LOCAL BOARD POLICY. I UNDERSTAND THAT IF A STUDENT IS REMOVED FROM SCHOOL, THE BOARD SHALL PROVIDE AN OPPORTUNITY TO APPEAL THE REMOVAL IN ACCORDANCE WITH BOARD POLICY AND SHALL NOTIFY ME OF THIS OPPORTUNITY. I UNDERSTAND THAT IF IT IS FOUND THAT I WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE FOUND GUILTY OF A CLASS I MISDEMEANOR AND MAY BE REQUIRED TO PAY TO THE LOCAL BOARD AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT.

This, the _____ day of _____, 2_____.

Signature of Caregiver Adult

SWORN TO AND SUBSCRIBED BEFORE ME

This the _____ day of _____, 2_____.

By _____

(Name of Caregiver Adult)

(Signature Notary Public)

My Commission Expires: _____

(NOTARY SEAL)